Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	NVN4803HIC				<u> </u>	01/11/2011		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	02011		
I RELISHOME CARE			529 K STRI SPARKS, N	K STREET RKS, NV 89431				
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H 000	Initial Comments			H 000				
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 1/11/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.							
	The census at the time of the survey was one. One resident files were reviewed and two employee files were reviewed. The following regulatory deficiencies were identified:		e.					
H 036	NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 3. The temperature of a home must be maintained at levels that are comfortable and safe. Portable heaters are prohibited in a home. This Regulation is not met as evidenced by: Based on observation and interviews on 1/11/11, the temperatures in the home were not maintained at levels that were comfortable and safe (thermostat at 60 degrees; resident was wearing two scarfs and a coat, sitting in bed under blankets and complained of being cold).			H 036				
			d					

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 050	dependent and home care: Management of cases; surveillance are counseling and prevent. A case having tube considered to have ture facility or a facility for managed in accordant Centers for Disease Cadopted by reference subsection 1 of NAC 2. A medical facility, a a home for individual maintain surveillance or home for tuberculo infection. The surveillance or home for tuberculo infection in accordant recommendations of tuberculosis control and Preventic transmission of tuberculosis adopted by reference subsection 1 of NAC 43. Before initial emploin a medical facility, a a home for individual a: (a) Physical examinat licensed physician that good health, is free from any other communications of the preceding 12 months, history of bacillus California.	cal facilities, facilities for second for individual resident cases and suspected and testing of employees intive treatment. Inculosis or suspected of berculosis in a medical the dependent must be ce with the guidelines of control and Prevention in paragraph (h) of 441A.200. Infacility for the dependence in the dependential care shall of employees of the facts and tuberculosis ance of employees must be control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the control and Prevention in paragraph (h) of 441A.200.	r the tial s; case lee of the as ent or cility st be e iding as oyed ent or ave la a te of and gious	H 050			
	vaccination. If the employee has only completed the first step						

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	of a 2-step Mantoux t	uberculin skin test with	in the					
	preceding 12 months	, then the second step	of the					
	2-step Mantoux tuber	culin skin test or other						
		sis screening test must	be					
	administered. A single							
	•	e administered thereaf						
		rector of the facility or h	nis					
	designee or another I							
	determines that the ri	er frequency of testing	and					
	documents that deter		anu					
	exposure and corresp							
		determined by followin	a the					
		ters for Disease Contro	- 1					
	•	ed by reference in parag						
	(h) of subsection 1 of	-	, - 1					
	` '	a documented history of	of a					
	positive tuberculosis	screening test is exemp	ot					
	from screening with s	kin tests or chest						
		e develops symptoms						
	suggestive of tubercu							
	5. A person who dem							
		g test administered pur						
		submit to a chest radio	·					
		on for active tuberculos						
		eventive treatment mus ith a positive tuberculo						
		ordance with the guidel						
	of the Centers for Dis	•						
			raph					
	Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.		,. sp.,					
			ce of					
	7. A medical facility shall maintain surveillance of employees for the development of pulmonary							
		with a history of tuberc						
	•	osis screening test sha						
		infection control speci-						
		or or other person in ch						
	of the medical facility	if the medical facility ha	as not					
	•	on control specialist, wh						
	any pulmonary symptoms develop. If symptoms		oms					

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H 050	Continued From page	: 3		H 050				
	of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)							
	This Regulation is not met as evidenced by: Based on record review on 1/11/11, the facility failed to ensure that 2 of 2 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1 - missing documentation of positive PPD skin test and signs and symptoms statement; Employee #2 - missing second-step TB skin test and documentation of physical examination).							
H 065	H 065 Employee Background Check Requirements		;	H 065				
	NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement							

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	obtained pursuant to	paragraph (a);					
	(c) Obtain from the er	mployee or independer	ıt				
	contractor two sets of	f fingerprints and a writ	ten				
	authorization to forwa	ard the fingerprints to th	ie				
	Central Repository fo	r Nevada Records of					
	Criminal History for su	ubmission to the Feder	al				
	Bureau of Investigation	on for its report; and					
		tral Repository for Nev	ada				
		History the fingerprints					
	obtained pursuant to						
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		o provide personal care	:				
		an agency to provide					
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	facility for groups or a						
		required to obtain the					
		I in subsection 1 from a	in				
	employee or independ		h				
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	-	een conducted by the					
	Central Repository fo		odina				
		n the immediately prec estigation did not indica					
		independent contractor					
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	449.188.	y chine set forth in twice	'				
		of, or the person license	ed to				
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		a facility for intermedia	te				
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	facility for groups or a						
		ensure that the crimina	.				
	history of each emplo						
	•	at the agency or facilit	_{v is}				
		once every 5 years. The	•				
	administrator or perso						
	-	lity or home does not h	ave				
	the fingerprints of the employee or independent						

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H 065	from the employee or (b) Obtain written autil employee or independent the fingerprints on file paragraph (a) to the Control Nevada Records of Control Submission to the Feet for its report; and (c) Submit the fingerp Repository for Nevada History. 4. Upon receiving fing to this section, the Control Records of Criminal History. 4. Upon receiving fing to this section, the Control Records of Criminal History. 4. Upon receiving fing to this section, the Control Records of Criminal History. 4. Upon receiving fing to this section, the Control Records of Criminal History and Ilicensed to operate, the at which the person wor independent control such a crime. 5. The Central Repost Criminal History may agency, a facility or a fingerprints pursuant reasonable cost of the facility or home may ror independent control of the fee imposed by the agency, facility or	ain two sets of fingerpri independent contractor horization from the dent contractor to forward or obtained pursuant to Central Repository for riminal History for deral Bureau of Investigation and Records of Criminal and Records of Criminal reprints submitted pursuant and Repository for New History shall determine a crime listed in NRS ately inform the Health inistrator of, or the person and a contral reprints whether the employer of the section for the endown and the contral repository. The age ecover from the employer the Central Repository home requires the dent contractor to pay for to pay the amount of the employee or or to pay the amount	ents or; ard o gation suant vada actor on ome oyee ed of ds of ency, yee e-half /. If	H 065			

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	Based on record revi failed to ensure 2 of 2 background check re 449.176 (Employee # check reports and mi history statement; En	t1 - missing FBI backgr ssing a signed criminal nployee #2 - missing FE d check reports and mis	ity with ound				